

**PREA AUDIT REPORT**    ☐ Interim    ☒ Final**ADULT PRISONS & JAILS****Date of report:** 1 March 2016

<b>Auditor Information</b>			
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<b>Date of facility visit:</b> 21-24 February 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Howard R. Young Correctional Institution			
<b>Facility physical address:</b> 1301 E. 12 <sup>th</sup> Street, Wilmington, DE 19802			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> 302-429-7700			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Steven Wesley			
<b>Number of staff assigned to the facility in the last 12 months:</b> 343			
<b>Designed facility capacity:</b> 1200			
<b>Current population of facility:</b> 1429			
<b>Facility security levels/offender custody levels:</b> Minimum/Medium/holding for Maximum while awaiting transfer & Pre-Trial			
<b>Age range of the population:</b> 18-68			
<b>Name of PREA Compliance Manager:</b> Brian Berggrun		<b>Title:</b> Captain	
<b>Email address:</b> brian.berggrun@state.de.us		<b>Telephone number:</b> 302-429-7185	
<b>Agency Information</b>			
<b>Name of agency:</b> Delaware Department of Correction			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b> 245 McKee Road, Dover, DE 19904			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> 302-739-5601			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Robert Coupe		<b>Title:</b> Commissioner	
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<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Michael Records		<b>Title:</b> Planner V	
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## **AUDIT FINDINGS**

### **NARRATIVE**

The Prison Rape Elimination Act (PREA) Audit for the Howard R. Young Correctional Institution (HRYCI), from initial notification through this auditor's Adult Prison and Jails PREA Audit Summary Report began January 2016 with the notice that the Delaware Department of Corrections through the American Correctional Association (ACA) had scheduled a PREA Audit with a tour date of February 21-24, 2016, of the Howard R. Young Correctional Institution, Wilmington, Delaware. PREA Certified Auditor Marc L. Coudriet was notified by ACA e-mail of his appointment and schedule.

The audit process started with contact from Mike Records, Agency-Wide PREA Coordinator, Delaware Department of Corrections, Dover, Delaware and members of the HRYCI Facility PREA Compliance Team who sent a USB flash drive to this auditor. The flash drive contained essential information; the daily facility count for twelve months prior to the audit; the checklist file for each standard including copies of compliance documents; Department and Facility Mission Statements; Memo confirming no female or youthful offenders are housed at the Howard R. Young Correctional Institution, Howard R. Young Correctional Institution Orientation Manual for all new DOC Staff, volunteers, contractual and temporary staff; Plot Plan with camera location and the PREA Audit: Pre-audit Questionnaire Adult Prison and Jails. A tremendous amount of material was included on the USB flash drive. The daily facility count identified the daily population for the 1<sup>st</sup>, 10<sup>th</sup>, and 20<sup>th</sup> day of the month for the past twelve months. The 43 standards folders (one for each standard) contained substantiated compliance documentation for each of the standards addressing: interviews, health appraisals of the incoming offenders, and treatment of offenders with intersex conditions, gender identity disorder, gender dysphoria, and staff personnel discipline forms. The Pre-audit Questionnaire provided the necessary information to complete a good portion of the PREA Audit: Auditor Compliance Tool, Adult Prison and Jails, and PREA Compliance Audit Instrument Checklist of Policies/Procedures for Adult Prisons and Jails and other documents in advance of the site visit. The Questionnaire provided a lot of material that was comprehensive, specific, and very helpful to this auditor.

The PREA Resource Audit Instrument used for Adult Prisons and Jails was furnished by the National PREA Resource Center. To summarize, there are seven sections, A through G, comprised of the following: A) Pre-Audit Questionnaire; B) the Auditor Compliance Tool; C) Instructions for the PREA Audit Tour; D) the Interview Protocols; E) the Auditor's Summary Report; F) the Process Map; and G) the Checklist of Documentation.

Following the protocols of making contacts, and checking on the posting of notices (posting was initiated through the American Correctional Association (ACA) and the facility, Howard R. Young Correctional Institution) this auditor reviewed each item on the Pre-Audit Questionnaire and additional material sent prior to discussion and the audit visit. Of particular interest to this auditor was the detailed information in the Pre-Audit Questionnaire completed by the HRYCI PREA Compliance Team and the PREA Agency-Wide Compliance Coordinator. Also, in this preliminary review, special interest was taken in the compliance documentation provided for each standard.

The HRYCI Compliance Team provided the PREA standards files for preliminary review, these files were used to complete most of the information on the PREA Compliance Audit Instrument Checklist of Policies/Procedures and other documents in advance to identify additional information that might be required during the site visit. The flash drive also contained the PREA 2016 Refresher Training Power Point; Department's Orientation Manual for all new DOC Staff, volunteers, contractual and temporary staff; Site Plan HRYCI; HRYCI Daily Population and HRYCI organizational chart.

The Delaware Department of Corrections contracted with ACA to conduct a PREA Audit of Howard R. Young Correctional Institution, February 21-24, 2016. On Sunday, February 21, 2016 an introduction dinner was scheduled on the agenda; the attendees were; DOC Commissioner, Deputy Bureau Chief of Prisons, HRYCI Warden, HRYCI Captain/ HRYCI PREA Compliance Manager, Classification Officer/HRYCI PREA Compliance Team, Sergeant/HRYCI PREA Compliance Team, DOC Planner V/Agency-Wide PREA Coordinator.

This auditor stayed in New Castle, Delaware and was transported to HRYCI daily by members of the facility PREA Compliance Team. The site visit began on Monday, February 22, 2016 with the arrival at HRYCI. This auditor and HRYCI PREA Compliance Team entered HRYCI and proceeded to the conference room for a brief meeting with the facility Warden, PREA Coordinator, PREA Compliance Manager and key members of the facility staff; the audit schedule, tour and intent of the audit was discussed. The tour of HRYCI followed immediately after the short introductory meeting. Utilizing the PREA Compliance Audit Instrument for PREA Audit Tour the tour included intake/reception/screening area, all housing units, including samples of individual rooms and all dormitories, health care including mental health, recreation, cafeteria, and work and program areas. During the tour of the facility this auditor observed the areas, interviewed administration, program, medical, mental health and security staff and offenders and checked for "blind-spots" in all levels of custody. Documentation showing the practice including forms, reports and logs for each of the PREA standards was in place.

After the tour this auditor reviewed HRYCI list of employees with Offender Contact; HRYCI Offender Roster; Delaware Department of Corrections 2016 PREA Report; Department Staffing Plan; Offender Orientation Manual; and various PREA Forms. At this time, a review of the offender population was made and random offenders were selected from the housing units for interview by the auditor. During the offender interviews, the auditor interviewed a gay offender and an offender who reported sexual abuse offender. The gay offender reported staff ensures his safety and he feels safe; he is able to shower without other offenders and he has not been put in housing area only for gays. The offender who reported a sexual abuse reported: he was treated immediately; went to medical and mental health; moved into different housing; provided information per PREA standards; was told in writing of the decisions on his report; feels safe and spoke highly on how HRYCI handles PREA issues. The interviews and the review of the PREA Standards files continued into Tuesday evening. The PCM established interviews for the auditor in rooms in the administrative/training area, offices of specialized staff and housing units.



Utilizing the PREA Compliance Audit Instrument – Interview Guide for Specialized Staff, (11) specialized staff personnel were interviewed. As per the PREA Compliance Audit Instrument – Interview Guide for a Random Sample of Staff (30) staff were selected including (19) correctional officers who have contact with adult offenders. There are three work shifts for security staff including; 8:00 a.m. to 4:00 p.m.; 4:00 p.m. to Midnight; Midnight to 8:00 a.m. Staff interviews were also set up with the selection of random staff from each shift, specialized staff to include intermediate or higher-level facility staff, medical and mental health staff, administrative staff, volunteers and contractors, investigative staff, staff that perform screening for risk of victimization and abusiveness, incident review team members, intake staff, staff charged with monitoring retaliation, and others designated by the interview protocols. Interviews, review, and observations included meeting directly with each of the selected offender and reviewing screening materials, documents, and offender file screens as appropriate. This process re-emphasized to the auditor, HRYCI and Bureau of Prison's commitment to PREA law. This auditor commented on how much positive information was received in these formal and informal interviews.

During the three day audit, this auditor reviewed the 43 PREA Standards and the Pre-Audit Questionnaire with the facility PREA Compliant Manager and PREA Compliance Team providing documents to complete with the following PREA Audit tools: Auditor Compliance Tool and PREA Compliance Audit Instrument Checklist of Policies/Procedures. A final review of the PREA Audit: Pre-Audit Questionnaire and the PREA Compliance Audit Instrument Checklist of Policies/Procedures and other documents confirmed HRYCI had provided the necessary access to documentation for this auditor to confirm that all applicable PREA Adult Prison and Jail Standards met the criteria to be considered compliant. There were no issues rising to the level of PREA noncompliance. This auditor concluded the interview and tour process. Of special note, the staff of Howard R. Young Correctional Institution has taken the Prison Rape Elimination Act very seriously and it shows in their professional demeanor, knowledge, and facility.



## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The mission of the Delaware Department of Corrections is "Protect the public by supervising adult offenders through safe and humane services, programs and facilities." The mission of Bureau of Prisons is: "To provide overall administrative support to prison facilities, which enforce judicial sanctions for offenders and detentioners in a safe, humane environment. The Bureau also provides protection for the public with incarceration and rehabilitation programs that address societal and offender needs."

The Howard R. Young Correctional Institution (also known as Gander Hill Prison due to the neighborhood in which it is located) is a Level 5 facility in the northeast section of Wilmington, Delaware. The facility is named for a 33-year Department veteran who died in 2001 after a battle with cancer. Originally called the Multi-Purpose Criminal Justice Facility, it was renamed in honor of Young in February 2004. Young was the first Warden of the prison when it opened in 1982.

The original facility, now called the West Wing, was designed to hold 360 detainees, individuals who are waiting trial/sentencing or unable to make bail. In 1992, a new section, the East Wing, opened. This construction project added 480 beds for sentenced offenders. Additional construction projects have increased the capacity to 1,200. The facility now averages 1,500 offenders.

Processes approximately 60% of all admissions in the Delaware Correctional system and houses the majority of the detainee population.

The Key Visions Program is the first component of Delaware's substance abuse treatment regimen for offenders with a history of substance abuse. Key Visions is a prison based therapeutic community with a total treatment environment that is discipline based, intense and isolated from the rest of the prison population. The Key Visions Program is open to sentenced offenders who are within 12 to 36 months of their short term release date or within 15 months of a parole date. The projected length of stay in the program is 12 to 18 months and is based on performance. The primary goal of Key Visions is to change negative patterns of behavior, thinking and feelings that predispose one toward drug abuse and crime. The program provides a disciplined, regimented daily routine for offenders. Offenders earn advancement in the program's phase system through demonstrative responsible behavior and proper living.

The Howard R. Young Correctional Institution supports a very active and responsive community outreach program, working with families, schools, churches, community and charitable groups. The community outreach program provides services and gifts including but not limited to food, clothing, school supplies, monetary donations, and school presentations.

## **SUMMARY OF AUDIT FINDINGS**

The facility has an infirmary area, comprehensive medical, dental, mental health, and pharmacy. These areas are serviced with video monitoring plus mirrors. The facility camera system was upgraded in 2015 to add more security and PREA compliance.

Number of standards exceeded: 8

Number of standards met: 33

Number of standards not met: 0

Number of standards not applicable: 2

### **Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The Delaware Department of Corrections established a Department Prison Rape Elimination Act (PREA) Policy #8.60 with updates periodically to ensure compliance with PREA Standards. The latest approved Policy #8.60 update is dated June 1, 2015. The Bureau of Prisons has Policy #8.60 and #2.50 titled Prison Elimination Act (PREA). It is the policy of the Delaware Department of Corrections to provide a safe humane and secure environment for all offenders. The agency supports and administers a program of education, prevention, detection, response, investigation and tracking of all reported acts of sexual assault and harassment. Punishment for the perpetrator is enforced. This policy requires DOC maintain a zero tolerance for offender-on-offender sexual assault, staff sexual misconduct and sexual harassment toward offenders. Every allegation of sexual assault, misconduct and harassment is thoroughly investigated. PREA posters in both English and Spanish are displayed throughout each facility and are visible to all staff, offenders and visitors.

The auditor received a comprehensive outline of this Zero Tolerance Policy, beginning with 1) administration and designation of staff, 2) offender management and services, 3) offender screening and assessment, 4) reporting allegations, 5) investigation, 6) training and education including an Orientation Manual for all new DOC Staff, Volunteers, Contractual and Temporary Staff with specific PREA information and requirements and 7) data collection followed up with additional administrative considerations. Staff participation in the program is essential in implementing, monitoring and improving the Zero Tolerance Policy while identifying aggressive behavior and taking the necessary steps to ensure the safety and security of Delaware correctional facilities. Delaware's Prison Rape Elimination Act Policy is essential to the operations at HRYCI and is adhered to at all times to ensure continuity and professionalism throughout the system as confirmed by observations, review of documentation and interviews with staff, contractors, volunteers and offenders.

The Zero Tolerance Policy says the agency shall designate a PREA Agency-Wide Coordinator to oversee agency efforts to comply with PREA standards. Each facility (minimum security and above) assigns one staff member as the facility PREA Compliance Manager with overall responsibility of coordinating facility efforts to comply with PREA standards. Mike Records is the Agency-Wide PREA Coordinator. Per interview with the facility PREA Compliance Manager and per review of organizational charts it was noted that he has direct access to the Warden. The State-wide PREA coordinator and the HRYCI PREA Compliance Manager when interviewed using the structured PREA Audit Tools indicated they have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

Of particular note is the staff and offenders knowledge of the zero tolerance of sexual abuse and sexual harassment when interviewed by the auditor. The Zero Tolerance Policy is posted in the housing units and the subject is a major part of training to new staff, existing staff and offenders on a regular basis. Through discussions with staff and offenders, observation of bulletin boards, posters, handouts and materials, review of offender and staff handbooks, and personnel policies, it is clear that the Howard R Young Correctional Institution is committed to Zero Tolerance of sexual abuse and sexual harassment.

### **Standard 115.12 Contracting with other entities for the confinement of offenders**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Delaware Department of Corrections (Interstate Corrections Compact Policy #4.13) has not entered into or renewed a contract for the confinement of offenders. The agency does not contract with private agencies to hold offenders. The Delaware DOC has a total of 17 offenders in other states under interstate Compact agreements. As those contracts come up for renewal, the agency requires the receiving state to sign a contract to be compliant with PREA. An example contract was provided. The Department Interstate Corrections Compact #4.13 and Per the PREA Resource Center Interstate transfers of offenders between public confinement agencies pursuant to the Interstate Agreement on Detainers (18 U.S.C. App. 2) or pursuant to existing national or regional Interstate Compacts for Corrections (authorized by state statutes) are exempt from the requirements set forth in standards 115.12, 115.212, and 115.312 where: (1) compensation for day-to-day offender expenses is achieved only through reciprocal transfers of offenders; and (2) the transfers are primarily initiated by the offender or with the consent of the offender. HRYCI has policies in place if they do contract other entities for the confinement of offenders in the future; these policies are in compliance with PREA standards.

### **Standard 115.13 Supervision and monitoring**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The HRYCI is a male adult prison that houses minimum and medium level offenders with staffing and perimeter security outlined in the description of the facility. The Warden, Deputy Warden, PCM and staff, including the Human Resource Department's comprehensive involvement, have assured staffing according to the needs and priorities set by the agency. The Howard R. Young Correctional Institution in the last 12 months has had an average daily population of 1,629 with the capacity at 1,200. Delaware DOC Staffing Policy #1.40 mandates the Department provide sufficient staff to ensure efficient operations consistent with its mission. HRYCI routinely reviews the staffing plan, recruitment policies, and institutional needs to assure the safety of staff and offenders. The facility never goes below minimum staffing level calling overtime or in worst-case scenario freezing staff on shift. The auditor reviewed compliance documents including DCOC #8.60, HRYCI Policy #100.51, HRYCI's Staffing Plan, and the Facility Plot Plan with camera locations and found adequate levels of staffing is a priority and is monitored and updated annually. Video monitoring with 172 cameras and well placed mirrors assist staff in protecting offenders against sexual abuse. Interviews with staff and offenders confirmed they felt safe at HRYCI.

### **Standard 115.14 Youthful offenders**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

HRYCI does not house youthful offenders; this Standard is not applicable to this facility.



### **Standard 115.15 Limits to cross-gender viewing and searches**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Delaware DOC Policy #8.6, Cross Gender Supervision of Offenders #8.60A, Contraband: Searches, Seizures and Disposition #8.32 and LGBT Supervision #8.60C addresses limits to cross-gender viewing and searches. The policy states when the gender of the housing unit changes to the opposite gender a notification will be made to offenders announcing the staff member's presence when entering the housing unit, an offender shall be able to shower, perform bodily functions and change clothing without non-medical staff of the, opposite gender viewing them except in exigent circumstances, strip searches and visual body cavity searches will be conducted by gender specific staff and cross-gender strip searches shall be documented.

Policy, procedures and training governing cross gender viewing and searches were reviewed as well as actual searches conducted during the audit visit. Policy does allow cross gender strip and cross gender visual body cavity searches of offenders in emergency situations. No cross gender viewing or searches are conducted absent exigent situations. Interview of offenders and staff confirmed there were no cross-gender pat searches being done. Interviews, observations and review of HRYCI policies, procedures and training curriculum confirmed staff of the opposite gender announces their presence when entering offender housing and follow PREA standards. It was confirmed by interviews with staff and offenders that all offenders can perform bodily functions, change clothing and shower without staff of the opposite gender completely viewing them. Offenders and staff felt there was a confident sense of privacy. All staff received training in conducting counts, and unannounced rounds to help assure compliance with the standard that limits cross gender viewing and searches. The PREA 2016 Refresher training addresses PREA Standards and pays particular attention to searches.

### **Standard 115.16 Offenders with disabilities and offenders who are limited English proficient**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Delaware DOC Policy #8-06, BOP –American Disabilities Act (ADA) Compliance #5.50 and #2.50 and HRYCI policy # 8.60-115.16 provides disabled offenders equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment and provide offenders with limited English proficiency equal opportunity. Agency policy prohibits use of offender interpreters or other types of offender assistants except in limited circumstances where there may be an extended delay in obtaining an effective interpreter. The Department does not allow offender interpreters, offender readers, or other types of offender assistants and has established procedures to assist limited English proficiency equal opportunity. In the past 12 months, there have been zero (0) use of offender interpreters, readers or other types of offender assistants. Review of documentation, interviews with staff and offenders, and observations confirm that disabled offenders are provided equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

### **Standard 115.17 Hiring and promotion decisions**

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Delaware DOC #8.60 and HRYCI Policy #8.60-115.17 pertaining to criminal background checks, promotions, hiring of employees and contractors, and policy concerning criminal background checks of current employees and contractors were reviewed by this auditor. The policy says the Department does not hire or promote anyone who may have contact with offenders, does not enlist the services of any contractor who may have contact with offenders, who: has engaged in sexual abuse in any institution, been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated of engaging or attempting engage in sexual activity in the community. The review reveals that before the hiring of any new employee who has contact with offenders, a criminal background check is done. Additionally, agency policy requires criminal background record checks be conducted at least every five years and that there is a system in place to do the record checks. New hires and promotions required individuals to complete information asking about previous sexual misconduct in writing on application and/or interviews for hiring or promotion. Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. Checklist and documents were provided to review and staff personnel were interviewed. It was evident that the agency policy and PREA law were being followed concerning hiring, promotional decisions and background checks. It is apparent that this standard is taken seriously and is a priority as they have exceeded this standard by conducting background check on 100% for their staff and contractors annually.

### **Standard 115.18 Upgrades to facilities and technologies**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The HRYCI did not acquire any new facilities or make any substantial expansions or modifications of existing facilities since August 20, 2012. During the interview process, the HRYCI PREA Manager stated that the RFP, states in writing that the Design Company, architect, and/or construction company be familiar with the mandates of PREA, and that they design any new building or renovation to eliminate blind spots, or areas where abuse may be likely to occur. This design should be supplemented by video monitoring technology to allow staff and offenders to be viewed at all times except when changing, showering, or performing bodily functions. The design company would be requested to consider the requirements for adequate staffing and ensure the required number of staff is budgeted with the new building/addition.

The agency upgraded camera equipment with some additional cameras for a current total of 172 cameras as shown on the HRYCI Security Cameras report. Per DOC policy #8.60 when purchasing and deploying the new video monitoring equipment, the Department considered what affects these upgrades and purchase would have on its ability to protect offenders from sexual abuse. No cameras directly interfere with offenders' ability to shower, dress, and perform bodily functions with some privacy. Comprehensive supervision and limited access to blind spots, or unsupervised areas assist with prevention of sexual assault/sexual abuse.

### **Standard 115.21 Evidence protocol and forensic medical examinations**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Delaware DOC is responsible only for administrative sexual abuse investigations with the Delaware State Police responsible for criminal sexual abuse investigations. Delaware DOC Policy #8.60, HRYCI #8.60-115.21 requires the facility maintain or attempt to enter into MOU or other agreements with community service providers who are able to provide offenders with confidential emotional support services related to sexual abuse. Delaware DOC has a MOU with ContactLifeline to assure a unified effort between the entities involved to provide offender-victims with confidential emotional support services, and the ability to report sexual abuse to an outside third-party pursuant to the Prison Rape Elimination Act. These policies assure PREA trained investigators follow a uniform evidence protocol through the use of the Sexual Abuse Checklist operating memorandum. Emergency medical healthcare along with forensic examinations by SANE/SAFE staff are procured from Christiana Hospital in Wilmington, Delaware where SANE/SAFE staff are available 24/7. The auditor interview a SANE nurse who confirmed the policy was being followed. The facility offers all offenders who experienced sexual abuse, access to forensic medical examinations without financial cost to the victim. There have been no forensic medical examinations by SANE/SAFE staff for HRYCI offenders during the past 12 months. The auditor reviewed Bureau of Correctional Healthcare Services Policies Federal Sexual Assault Reporting Regulations #11-B-04 and Procedure in the Event of a Sexual Abuse #11-B-05, Victim Service Protocol and other document provided by HRYCI, interviewed staff including investigation staff. Based on the information provided to the auditor, interviews with staff and offenders, and observations the Department has developed and implemented the necessary policies for this standard and has documents that the policies are being followed.

### **Standard 115.22 Policies to ensure referrals of allegations for investigations**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Delaware PREA Policy #8.60 ensures administrative investigations of sexual abuse, and/or sexual harassment of an offender, considered an emergency incident, and conducted promptly and thoroughly, and is followed through until a determination of substantiated, unsubstantiated, or unfounded can be made. All investigations are documented in standardized reporting format utilizing the DACS incident and investigation. Where allegations are referred for criminal investigation to the Delaware State Police, the Department will ensure that the cases are referred promptly and that a designated staff representative follows the case until it is determined to be substantiated, unsubstantiated, or unfounded. The number of criminal and/or administrative investigations of alleged offender sexual abuse and harassment that were received in the past 12 months was thirty (30). During the past 12 months, the number of allegations resulting in administrative investigations was thirty (30) and during the past 12 months, the number of allegations referred for criminal investigation was two (2). Agency policies and the facility procedure comply with PREA requirements relating to allegations and the investigation of such. The agency and facility both document all allegations of sexual abuse and referrals of allegations of sexual abuse and sexual harassment for criminal investigation. Review of policies and substantiating compliance documents, interviews with staff and offenders confirm this standard is compliant at HRYCI.



### **Standard 115.31 Employee training**

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Delaware's PREA Policy #8.60 addresses all ten points of the PREA Employee Training Standard. The Delaware DOC Employee Development Center provides the training and lesson plans were presented to the auditor. The facility PCM provided a copy of the Orientation Manual for all new DOC Staff, Volunteers, Contractual and Temporary Staff to the auditor for review. Training records, staff interviews and curriculum review indicated that staff at the HRYCI was well-trained. Staff is knowledgeable about the Zero Tolerance Policy for sexual abuse and sexual harassment. They were clear on how to perform their responsibilities in detection, reporting and responding. Staff has received PREA written documentation outlining the Delaware's mission statement, the officers' code of ethics and a list of pertinent, timely items such as first responder duties, emergency situations and safe prisons program. Interviews with staff showed they were able to identify with the Department's policy on Zero Tolerance and the requirement of Coordinated Response to an Incident of Sexual Abuse for First Responder and Supervisory Staff. The employee training covers information and notices detailing Zero Tolerance Policy for sexual assault/abuse, red flags suicide prevention and response techniques all emphasize and support the training efforts for HRYCI correctional staff. During past twelve months 78 staff currently employed by the facility, which have contact with offenders were trained or retrained on the PREA requirements. Specialized training is provided for Medical and Mental Health staff and the lesson plan was reviewed by the auditor. Health Care Policy #11-C-04 provides training every two years for correctional officers. There is an informative 2016 PREA Refresher power point that was presented and made available to all staff. The auditor, in reviewing staff training acknowledgements in interviewing staff training, noted that there is teamwork, all 343 staff trained, exhibited by the facility as a whole and there is an importance placed on professionalism and the efforts in complying with PREA standards in the daily performance of duties. Random staff interviews and random offender interviews also clearly indicated a thorough and consistent training program. HRYCI exceeded this standard as it was clear in both staff and offenders interviewed, the PREA policies are being taught at such a level that during the interviews most could recite the policies and protocols at an instructor level. HRYCI made this possible through thorough and repetitive training cycles and day to day visual cues displayed throughout the facility.

### **Standard 115.32 Volunteer and contractor training**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Per Delaware Policy #8.60 all DOC staff, contract staff, non-departmental offender work crew supervisors, and volunteers are trained and understand the agency's Zero tolerance for sexual abuse or harassment and retaliation against an offender or employee in any form as a result of reporting an allegation of sexual abuse/harassment. The auditor interviewed individuals in a random number of volunteer and contractor categories and found they have been trained in their responsibilities and requirement of the zero tolerance policy. The HR records and an interview with HR staff, show all volunteers and contractors who have contact with offenders have been trained in their responsibilities under Delaware's policies which include procedures regarding sexual abuse/harassment prevention, detection, and response. In the past 12 months, 253 volunteers and contractors were trained in the agency's policies and procedures regarding sexual abuse/harassment prevention, detection and response. The agency uses volunteers and contractors and this standard is a priority for the facility and is confirmed by the auditor.

### Standard 115.33 Offender education

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Delaware DOC PREA policy #8.60 ensures every offender receive a written copy of DOC's orientation material during assessment and reception both verbal and written about sexual abuse and harassment, agency's Zero tolerance standard, prevention/intervention, self-protection, how to report acts or suspicions of sexual abuse, assaults or harassment by offenders or staff to include reporting utilizing the offender PREA hotline. Offenders are required to view a comprehensive video on the Department's zero-tolerance of sexual abuse and sexual harassment. Documentation of the offender attending the training is maintained by the facility.

Admission and Orientation was observed, the offender's Orientation material, PREA Handbook for Offenders, was reviewed and interviews with staff and offenders revealed that offenders receive training and information about the Zero Tolerance Policy and how to report instances of, or suspicions of abuse or harassment. Offenders received training at intake, handouts during intake, and video training during orientation. Training is updated as required. The number of offenders who received information at admittance was 6,822. The number of offenders admitted during the past 12 months whose length of stay in the facility was for 30 days or more, who received comprehensive education were 4,621. Interviews with offenders and HRYCI staff confirmed that the offenders receive this handbook and verbal training on zero-tolerance policy. Including in the training is a very informative video reviewed by the auditor. The number of offenders in the facility, who did not receive comprehensive education within 30 days, was zero (0).

Offender PREA education is available in different formats to accommodate all offenders. Key information about the agency's PREA policy is continuously and readily available through posters, handouts and other written formats throughout the facility. A unique way of training the offenders is HRYCI's PREA Education information that is painted in large 3' by 5' segments throughout the facility. This is above the Department's required PREA training for offenders. Compliance Documents provided by HRYCI and reviewed by this auditor included; Policy #8.60, Offender Orientation Posters (English and Spanish), Offender PREA Training for Offenders, Photos of Displayed Posters and PREA Education curriculum. The agency maintains documentation of offender participation in PREA education and offender interviews confirmed PREA education is conducted. HRYCI has exceeded this standard as they provide continuous PREA training to the offender population to the point where the offenders know and can repeat what they were taught at an instructor level.

### Standard 115.34 Specialized training: Investigations

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Delaware DOC policy #8.60 requires specialized training be provided for employees who may respond as part of their job duties to report incidents of sexual assault. Interviews with HRYCI investigative staff confirmed that the specialized training includes; techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative or prosecution referral. Department Policy Investigative Responsibilities and Assistance from Delaware State Police #8.35 allows the Department to request the assistance of the Delaware State Police to supplement the Department's investigatory powers, when necessary.

Initial inquiries into allegations of criminal or institutional misconduct and initial investigation into such allegations are responsibility of institution where event occurred. The warden or designee makes contact with Internal Affairs or Delaware State Police when required. This auditor reviewed Delaware policy, along with investigator training curriculum, personnel policy, logs and staff training records and found they all reflect that investigators are trained in conducting sexual abuse investigations in confinement settings and the training is documented. This standard is exceeded as they conduct continuous PREA training to all investigative team members to the point where they teach what they were taught at an instructor level.

**Standard 115.35 Specialized training: Medical and mental health care**

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Delaware DOC PREA policy #8.60 Bureau of Health Care #11-B-05 requires mental health and medical staff be trained to detect and assess signs of sexual abuse and/or predation, preserve evidence of sexual abuse, respond to sexual assault victims and be fully knowledgeable of DOC procedures in regards to PREA. A comprehensive PowerPoint presentation PREA for Medical Services is part of the training requirement. The numbers of medical and mental health care practitioners who work regularly at the facility are 115 and 100% have received the training required by policy. The Lesson Plan: Specialized Training-Medical and Mental Health was provided to the auditor. The agency maintains documentation showing that medical and mental health practitioners have completed the required training. Observations, review of documentation and interviews with staff and offenders confirm HRYCI is following policies and procedures and is compliant with this PREA standard. This standard is exceeded as they conduct continuous PREA training to all medical and mental health members which exceeds the training requirement established by the PREA Resource Center.

**Standard 115.41 Screening for risk of victimization and abusiveness**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Delaware PREA Policy #8.60, Medical Service Receiving Screening-Intake #11-E-02, Mental Health Screening #11-E-02.1 and Intra-System Transfer Screening #11-E-03 address the 8 areas of this standard and require all offenders be screened during intake and upon transfer to another facility, for their risk of being sexually abused, or being abusive toward other offenders. This screening occurs within 24 hours, but no longer than 72 hours after arrival using the Department's Sexual Victimization/Abusiveness screening tool. Within 30 days of the offender's arrival at the facility, the offender is reassessed using the Department's more detailed Sexual Victimization and Abusiveness screening tool with further assessment done every two years, or when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offenders risk of sexual victimization or abusiveness. The actual number of the offenders receiving the screening during the year was 6,822 with interviews and review of documentation confirming the screening is being done per policy. The intake process was reviewed and the auditor observed the process. The intake process conforms to PREA standards. The form/checklist for screening, include questions regarding mental, physical and developmental disabilities and whether or not the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming, and whether or not the offender has previously experienced sexual victimization. The offender's own perception of vulnerability was also pursued. The screening/intake process was well managed and thorough. This information was further related to the Warden and additional committee staff for appropriate use in housing and program placement.



#### **Standard 115.42 Use of screening information**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Delaware DOC PREA Policy #8.60, HRYCI #8.60-115.42, BOP #5.1 and Bureau of Corrections #E-14 considers the screenings confidential, only to be used by staff to assist in the placement and protection of offenders from abuse. The policy requires the facility use information from the risk screening evaluation in accordance with PREA Standard in order to inform staff making housing, work, education and program assignments with the goal of keeping offenders at risk of being sexually victimized separate from those at high risk of being sexually abusive. The screening information is collected as data on an Assessment Form and used for offender housing assignment. Interviews with intake, medical and mental health staff supported by interviews with offenders as well as observation and review of documentation supports the use of the screening information as being on a "need to know" basis and consistent with appropriate custody and security.

#### **Standard 115.43 Protective custody**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The agency has a policy #8.60 prohibiting the placement of offenders at high risk for sexual victimization in the involuntary segregated housing. Offenders assigned to involuntary segregated housing shall only be assigned to this housing until an alternative means of separation from likely abusers can be arranged and such an assignment shall not ordinarily exceed 30 days. During the last twelve months one (1) offender was placed in involuntary segregation. The auditor, both from offender and staff interviews, felt that the staff at the HRYCI were very professional in addressing individual housing needs and program needs consistent with the security and safety of the individual offender.

#### **Standard 115.51 Offender reporting**

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The Delaware DOC PREA Plan Policy #8.60 and offender Handout has established procedures allowing for multiple internal ways for offenders to report privately to agency officials and appropriate measures to protect offenders and staff from retaliation. Additionally, HRYCI offender's orientation training and handbook for offenders issued to each offender provides sexual assault awareness, facts for the offender who sexually assaults other offenders, rape avoidance and what to do if you are sexually assaulted. Offenders may report allegations directly to Warden, staff, entity that is not part of the agency, the Chief of Security, facility investigator, family members or by submitting a grievance. Third parties, including fellow offenders, staff members, family members, attorneys, and advocates, shall be permitted to assist offenders and request for administrative remedies relating to an allegation of sexual abuse. Emergency grievances alleging substantial risk of imminent sexual abuse may be filed. This information is attainable in offender handbooks, posters, bulletin boards, information handouts, libraries, and any staff personnel and written on many walls throughout the facility.

Review of policies, procedures, interviews with offenders and staff and observations revealed that offenders know how to report sexual abuse and sexual harassment and staff knows how to report sexual abuse and sexual harassment indicating they are well informed of their rights under PREA. This standard is exceeded through the facility have the reporting procedures painted on the walls throughout the facility and HRYCI ensures there are multiple ways for offender reporting and anonymous reporting for the offender and visitors.

**Standard 115.52 Exhaustion of administrative remedies**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The Delaware Department Policy #8.60 and BOP #4.4 are procedures for dealing with offender grievances regarding sexual abuse along with policy and procedures for filing emergency grievances alleging that an offender is subject to substantial risk of imminent sexual abuse. Facility HRYCI #8.60-115.52 Offender Grievance Procedure addresses offender grievances and management of offender grievances is available to offenders and staff and appears in the HRYCI Offender Orientation Manual. Grievances are allowed at any time regardless of when the sexual abuse occurred. Additionally, the Offender Manual and DOC PREA Plan cover these topics. Review of the documentation, observations, interview with staff, and offenders confirm they are aware of the grievance process and policies and procedures are being followed.

**Standard 115.53 Offender access to outside confidential support services**

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Delaware PREA Policy #8.60 requires the facility provides offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders address, telephone numbers for local, state, or national victim advocacy or rape crisis organizations with toll-free hotline numbers when available. Offenders are given access to outside confidential support services information when they arrive at the facility and view the PREA video, posters shown in the facility and a PREA handout given when entering the facility. Also, the Policy requires HRYCI staff to inform the offender prior to giving access to victim advocates the extent to which communications will be monitored and extent to which reports will be forwarded to authorities in accordance with mandatory reporting laws. There are lists of outside confidential support services provided to the offender population. There is a signed Memorandum of Understanding (MOU) or agreement, dated February 2, 2016, with ContactLifeline to assure a unified effort between the entities involved to provide offender-victims with confidential emotional support services, and the ability to report sexual abuse to an outside third-party, pursuant to the Prison Rape Elimination Act. Compliance documentation provided by HRYCI and reviewed by the auditor included copies of MOU. The medical and mental health staff has been trained in these kinds of support services and works with the offender population to meet their needs. Review of documentation, interviews with staff and offenders confirm the offenders have access to outside confidential support services. This standard is exceeded through the facility have the reporting procedures painted on the walls throughout the facility and HRYCI ensures there are multiple ways for offender reporting and anonymous reporting for the offender and visitors.

#### **Standard 115.54 Third-party reporting**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Delaware PREA Policy #8.60 mandates the facility provide a method to receive third-party reports of offender sexual abuse or sexual harassment made verbally, in writing, and anonymously and publicly distributes information on how to report offender sexual abuse/harassment on behalf of offenders. HRYCI posts advertisements with this information in the facility, developed curriculum used in mandatory PREA training, brochures, pamphlets, handouts and displays this PREA information on the agency's website. HRYCI provided documentation that third-party reporting is included in the offender orientation and copies of signed document by the offender and offender interviews confirm the offenders are informed and this PREA standard is compliant.

#### **Standard 115.61 Staff and agency reporting duties**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Delaware DOC PREA Policy #8.60 requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse/harassment that occurred in a facility whether or not it is part of the agency. Staff must also, per policy, report immediately and according to policy retaliation against offenders or staff who reports incidents, and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation. Policy prohibits staff from revealing any information related to sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Delaware Internal Affairs (IA) keeps a log of all calls to the PREA hotline. A copy of this log is provided to the facility PREA Compliance Manager each month. Review of Delaware PREA policy, Mental Health Service Orientation for new offenders, interviews with staff and offenders and signed forms confirm staff is aware and follows policy for staff reporting duties as required by the PREA standard.

#### **Standard 115.62 Agency protection duties**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Delaware DOC PREA Policy #8.60 requires staff to take immediate action to protect the offender immediately when knowledge, suspicion, or information is received regarding an incident of sexual abuse/harassment. The facility did not determine that an offender was subject to a substantial risk or imminent sexual abuse during the last twelve months. However, HRYCI does maintain the practice of separating all offenders believed to be involved in an alleged incident until a sound decision concerning the risk factors of all involved in the alleged incident can be accurately determined based on the facts/outcome of the investigation. The HRYCI staff is very knowledgeable and well trained in their protection duties when an offender is subject to imminent sexual abuse or risk of imminent sexual abuse. Staff interviews and review of documentation confirmed the PREA standard is taken seriously and is being followed.



### **Standard 115.63 Reporting to other confinement facilities**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Upon receiving an allegation that an offender was sexually abused while confined at another facility, it is required by Delaware DOC PREA Policy #8.60, that the Warden of the facility that received the offender must immediately notify the facility, no later than 72 hours, where the sexual abuse is alleged to have occurred. Through review of policy and in the interview with the Warden, Assistant Warden, PCM and staff it was noted that the staff is knowledgeable of this procedure. During the past 12 months, the number of allegations the facility received that an offender was abused while confined at another facility was two (2). All records concerning the two allegations were properly recorded, proper notifications were completed and all PREA requirements were met.

### **Standard 115.64 Staff first responder duties**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Delaware DOC PREA Policy #8.60 and HRYCI Policy #8.60-115.64 requires that upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall require; separate alleged victim and abuser; preserve and protect crime scene; collect any evidence; if timeframe allows collect and protect evidence and advise offender to not take any action that could destroy evidence. Guidelines for Delaware Department of Correction (DDOC) Sexual Assault Response Team (SART) established a team that ensures the coordination of a consistent, respectful, victim-centered response to cases of sexual abuse.

In the past 12 months two (2) offenders alleged that they were sexually abused. The first responders to these allegations were security staff for one of the reports time and the time period did not allow for the collection of physical evidence. Review of policies and documentation/forms, interview with staff and observations confirmed that all staff is informed on first responder duties and are prepared to respond according to the PREA Policy.

### **Standard 115.65 Coordinated response**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Delaware DOC PREA Policy # 8.60 and Howard R. Young Correctional Institution policy #8.60-115.65 dictates responding to an allegation of sexual abuse requires a coordinated effort between unit first responders, security staff, investigators, medical and mental health services and facility administrators. Procedures have been outlined to provide a systematic notification in the response process following a reported sexual abuse incident. A guideline for Delaware Department of Correction Sexual Assault Response Team (SART) is to provide standardized structure and implementation of a Sexual Assault Response Team. The SART team consists of: security staff (first responder representative, institutional investigator, PREA Compliance Manager, treatment/classification unit, medical and mental health.

SART teams are established to: meet the needs of the victim through crisis intervention and support services, provide a medical exam for sexual assault victims, provide a joint, effective, sensitive approach to victims of sexual assault, conduct an investigation of the reported sexual assault, document and preserve forensic evidence for potential prosecution, and communicate progress to the victim. SART meetings are held, at a minimum, in conjunction with each Critical Incident Review. The SART Plan details coordinated actions to be taken in response to an incident of sexual abuse. Review of the SART Plan and interviews with the Warden, Deputy Warden, PCM, security, medical and mental health staff indicated a commitment by the facility leadership for handling a coordinated response to sexual abuse and sexual harassment.

**Standard 115.66 Preservation of ability to protect offenders from contact with abusers**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Delaware DOC renewed a collective bargaining agreement effective July 1, 2015 through June 30, 2018. The contract says "It is understood and agreed that if any part of this Agreement is in conflict with mandatory Federal or State law such part shall be suspended and the parties will meet promptly to negotiate a substitute provision." According to the interview with the Commissioner the Department is permitted to remove DOC staff from the workplace during any criminal investigation or serious administrative investigation and place them on paid or unpaid suspension. This is confirmed by the auditor upon review of the agreement in section 9.9.

**Standard 115.67 Agency protection against retaliation**

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The Delaware DOC PREA Policy #8.60 and HRYCI #8.60-115.67 protects all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations, from retaliation by staff or offenders. Also, personnel policies covering sexual harassment and discourteous conduct of a sexual nature, general rules of conduct, sexual misconduct with offenders, discrimination in the workplace, also protect against retaliation. There is a 90 day monitoring time period for retaliation review. An offender 90 day monitoring form, and a staff 90 day monitoring form, as well as other intervention practices confirms the agency's commitment to prevent retaliation. Senior HRYCI staff and PCM are designated to be the monitors for retaliation at HRYCI. There were no reports of sexual abuse or sexual harassment during the previous twelve months. This standard is exceeded as this auditor has witnessed, reviewed documentation, interviewed offenders and interviewed staff which all proves HRYCI has exceeded the 90 day monitoring period for their offenders, even when there are no signs of retaliation present. This shows not only that HRYCI has exceeded this standard but the take the safety of their offenders and PREA standards seriously.

**Standard 115.68 Post-allegation protective custody**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Delaware DOC PREA Policy #8.60 prohibits the placement of offenders who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If determined such housing is necessary, HRYCI staff would explore other alternatives such as a transfer. There has been one (1) offenders who alleged to have suffered sexual abuse that was held in involuntary segregated housing in the past 12 months for less than 24 hours awaiting the completion of the risk assessment. The review of documentation, interviews with staff confirm the policy is in place and considered a priority. All records were accurately maintained and are in accordance with all PREA standards.

**Standard 115.71 Criminal and administrative agency investigations**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Delaware Policies DOC PREA #8.60, Investigations Responsibilities and Assistance from Delaware State Police #8.35, and Internal Affairs # 8.37 addresses investigations under general considerations. The policies follows: 1) a uniform evidence protocol to investigate sexual abuse and sexual harassment, 2) sexual investigations shall be conducted promptly, early, and objectively including third-party and anonymous reports, and 3) the use of investigators who have been specially trained in sexual abuse investigations pursuant the Delaware policy.

Policy #8.35 request the assistance of the Delaware State Police to supplement the Department's investigatory powers, when necessary initial inquiries into allegations of criminal or institutional misconduct and initial investigation into such allegations are the responsibility of the institution where the event occurred. Additionally, the agency's policy requires reporting incidents/crimes to Internal Affairs. This policy includes the direction that allegations of conduct which appear to be criminal are referred to the Delaware State Police for prosecution. All investigations are documented in standardized, reporting format utilizing the Delaware Automated Corrections System (DACS) incident and investigation applications, the Law Enforcement Investigative Support System (LWIAA/SWLJIA), and/or in a word document approved by the DOC administration per Management Information System Policy #6.50. The Office of the Internal Affairs addresses and ensures retention of all written reports for as long as the alleged abuser is incarcerated or employed by the agency +5 years. There was one substantiated allegation of conduct that appears to be criminal and referred for prosecution since August 20, 2012. Review of Department, Bureau of Community Corrections and HRYCI policies, interview with investigative staff and PCM and specialized training for investigations, and incident notification checklist, confirms this standard is considered a priority and compliant.



**Standard 115.72 Evidentiary standard for administrative investigations**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Delaware PREA Policy #8.60 imposes a standard of preponderance of the evidence for determining whether or not allegations of sexual abuse or sexual harassment are substantiated. Interviews with specially trained investigators confirmed compliance with this PREA standard.

**Standard 115.73 Reporting to offenders**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The Delaware PREA Policy #8.60 requires that all offenders who make allegations of sexual abuse shall be informed as to whether the investigative finding was substantiated (sent to prosecution/sustained) or unsubstantiated (administratively closed/not sustained) or unfounded. Additionally, the offender victim shall be notified following the suspect assailant indictment or conviction on the related charge. Interviews with investigators confirm that an offender who makes an allegation that she/he suffered sexual abuse at HRYCI is informed verbally or in writing as to whether or not the allegation was determined to be substantiated or unsubstantiated or unfounded following an investigation. During the last twelve months there were three (3) administrative investigations completed with notification sent to two (2) offenders advising the outcome of their allegation. One (1) was in (pending) status awaiting the outcome of the investigation, during the PREA site visit. The number of investigations of alleged offender sexual abuse in HRYCI that were completed by Delaware State Police during the last 12 months is one (1), this alleged incident is still in the investigation process.

**Standard 115.76 Disciplinary sanctions for staff**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Disciplinary sanctions for violations of the agency's policy relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of acts committed per Delaware DOC PREA Policy # 8.60. In the personnel policies of the Delaware Department of Corrections disciplinary sanctions are listed up to and including termination for violation of agency sexual abuse and sexual harassment policies. In the past 12 months, there has been zero (0) staff from HRYCI that has violated agency sexual abuse or sexual harassment policies, have been disciplined, short of terminated or been terminated. Review of Department policies, Delaware Office of Management and Budget, Human Resource Management Policies and Procedures, Disciplining Employees Facing Criminal Charges, interviews with management and staff confirm this standard is considered serious and a priority.

#### **Standard 115.77 Corrective action for contractors and volunteers**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Delaware DOC PREA Policy #8.60 and Sexual Harassment and Complaint Procedures #9.18 requires any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to Delaware State Police for possible prosecution, unless the activity was clearly not criminal, and to relevant licensing bodies and the facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. In the past 12 months, there has been one (1) contractor or volunteer terminated for personal contact with an offender. Review of documentations, interviews with staff, investigators and offenders find this standard is a priority and enforced.

#### **Standard 115.78 Disciplinary sanctions for offenders**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Delaware DOC PREA Policy 8.60, Grievance #4.40, and Exceptional Incident Reporting #8.80 requires offenders be subject to disciplinary sanctions following an administrative finding that the offender engaged in offender-on-offender sexual abuse, or following a criminal finding of guilt for offender-on-offender sexual abuse. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories. The disciplinary process considers whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. There were zero (0) offender-on-offender administrative or criminal sexual abuses at HRYCI during the last twelve months. Review of documents, interviews with staff and offenders and observations of the Department's offender disciplinary procedure confirm disciplinary sanctions for offenders are according to the PREA standards.

#### **Standard 115.81 Medical and mental health screenings; history of sexual abuse**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

All offenders at HRYCI that disclosed prior sexual victimization during screening are offered follow-up with a medical or mental health practitioner. This follow-up, DOC Policy #8.60, and correctional mental health care policies is administered by the mental health staff and offered within 14 days of intake screening. Follow-up is outlined in Health Screening Form and Mental Health Evaluation. Information related to sexual victimization or abusiveness that occurred is strictly limited to medical and mental health practitioners.

Medical and mental health practitioners obtained informed consent before reporting prior sexual victimization that did not occur in an institutional setting. During the last 12 month 100% of offenders who disclosed prior victimization during the screening were offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Interviews with Medical and Mental Health staff confirmed they have received specialized training regarding sexual abuse and sexual harassment, are required to report any knowledge suspicion or information regarding an incident to a designated supervisor or official immediately upon learning of it, ensure victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services immediately. Offenders confirmed the Medical and Mental Health services available to them.

**Standard 115.82 Access to emergency medical and mental health services**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Agency PREA Policy #8.60 and Correctional Healthcare Services Policy and Procedures #11-A-05, Patient Safety #11-B-02, Federal Sexual Assault Reporting #11-B-04 and Procedure in event of Sexual Abuse #11-B-05 mandates offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, at no cost to the offender, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment and consistent with BCHS Policy #11-B-05. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to PREA Policy #8.60 and shall immediately notify the appropriate medical and mental health practitioners.

Victims of sexual abuse are transported under appropriate security provisions to an outside emergency care facility capable of conducting sexual assault exams for treatment and gathering of evidence. Upon returning from the outside emergency care facility the HRYCI Medical Director or designee shall immediately review the treatment recommendations for indicated treatment and testing and will offer the victim access to the outside agency advocate. The evaluation and treatment of such victims shall include, as appropriate, follow up services, treatment plans and when necessary, referrals for continued care following their transfers to, or placement in, other facilities or their release from custody. Review of documentation (forms, instructions and logs), interview with staff and offender and observations indicate the appropriate policies for medical and mental health treatment have been developed, implemented and are being monitored to ensure compliance. This standard is considered a priority for the Department and HRYCI as confirmed during the audit process.

**Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Medical/mental health treatment is outlined in the Delaware DOC PREA Policy #8.60, Correctional Healthcare Services Policy #11-A-05 and Procedure in event of Sexual Abuse #11-B-05, which further addresses ongoing care and follow-up. Victims of sexual abuse are transported under appropriate security provisions to an outside emergency care facility capable of conducting sexual assault exams for treatment and gathering of evidence. Upon returning from the outside emergency care facility the HRYCI Medical Director or designee shall immediately review the treatment recommendations for indicated treatment and testing and will offer the victim access to the outside agency advocate.



The evaluation and treatment of such victims shall include, as appropriate, follow up services, treatment plans and when necessary, referrals for continued care following their transfers to, or placement in, other facilities or their release from custody. Review of the Department's Policy Manual and additional forms included; PREA response checklist, offenders guide to sexual misconduct, zero tolerance acknowledgement, progress notes/treatment follow up, treatment plans, referrals, and medical and mental health evaluation of abusers healthcare. Employees interviewed at the HRYCI confirmed their commitment and dedication to appropriate and personalized total healthcare to the offenders. Random interviews with staff and offenders also confirmed the staff and offenders are well informed. Sexual assault awareness brochures and handout materials received at intake and other information in the offender orientation document advises the offender population of the offerings by the medical and mental health departments concerning evaluation, treatment and ongoing medical and mental health care as appropriate for the sexual abuse treatment of offenders, victims and abusers that is available to offenders at HRYCI.

#### **Standard 115.86 Sexual abuse incident reviews**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Delaware DOC PREA Policy #8.60 requires the Department to conduct a sexual abuse Critical Incident Review (CIR) at the conclusion of every sexual abuse investigation. This review is done for substantiated, unsubstantiated, and unfounded cases and is initiated within 30 days of completion of the investigation, absent exigent circumstances. The HRYCI Critical Incident Review team includes the Warden or Deputy Warden, State-wide PREA Compliance Coordinator, facility PCM, investigator, and medical/mental health. The CIR, in the past 12 months, has reviewed 3 administrative investigations of alleged sexual abuse or criminal investigations of alleged sexual abuse, excluding unfounded incidents with 3 receiving a CIR within the 30 days. Review of notification of Review Team meeting, documentation of sexual assault/abuse incident review and interviews with top management, security and specialized staff confirm the Review Team has been trained and meets the requirements of this standard. The Delaware Adult Correction Healthcare Review Committee, seven members appointed by the Governor and confirmed by the Senate, according to Department's Policy #8.50 meet quarterly and reviews DDOC critical incident review reports.

#### **Standard 115.87 Data collection**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Delaware PREA Policy #8.60 and Management Information System #6.50 requires the Department collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. This data is automatically generated in the Delaware Automated Correctional System (DACS) upon completion of PREA Incident Reports. From DACS the Department is able to obtain aggregated data as needed and provides this information yearly to the United States Department of Justice. Internal Affairs collects accurate information and data for every allegation of sexual abuse at facilities under its control. The Delaware Department of Correction, through its PREA state-wide coordinator, directs this data collection to develop a standardized instrument that includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice in an Annual Report. A copy of the Delaware Department of Correction 2014 PREA Report was reviewed by the auditor. The Report is on the Department's website and was reviewed by the auditor.

**Standard 115.88 Data review for corrective action**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The agency PREA Policy #8.60 requires the Department review the aggregated data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies and training. The report includes a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. The report is approved by the Commissioner of Correction, and is available on the Department's website annually.

**Standard 115.89 Data storage, publication, and destruction**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The agency PREA Policy #8.60, Management Information System #6.50, Evaluation and Performance Measuring #6.80, Operations and Program Audit #8.70 and Exceptional Incident Reporting #8.80 ensures that the incident based information and aggregate data is collected and securely retained for at least ten years after date of initial collection unless Federal, State or local law requires otherwise, considered confidential information and is maintained by the Bureau of Management Services, Information Technology Unit. The Department makes available to the public its annual report on PREA on the agency's website and the latest annual report on the website, calendar years 2012 & 2013, was reviewed by the auditor. The policy on records retention schedule and the report on records management were reviewed and confirm storage, publication, and destruction is per PREA standards.

**AUDITOR CERTIFICATION**

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any offender or staff member, except where the names of administrative personnel are specifically requested in the report template.

Marc L. Coudriet

18 March 2016

Auditor Signature

Date